## City of Boston Registry Division

## REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

WHAT TO INC 1. Request:	AT TO INCLUDE WITH YOUR REQUEST: equest: Completed Request Form including original ink signature.					
2. Payment:	Certificates cost \$15.00 for the first copy and \$12 for each additional copy when ordered through the mail. Requests for records prior to 1870 require an additional \$10 research fee on a separate check, and this fee is not refundable. Payment may be made in check or money order payable to "City of Boston."					
3. Return:	Please include a self-addressed stamped envelope.					
	One Cit	m and return/ma y Division - Dea y Hall Square, I MA 02201	th			
Number of copi	es requested:					
Full name of pe	rson on the record	of death				
First		Middle	<del></del>	Last	//	
Date of Death:				Age at Time of Death:		
	Month	Day	Year			
Exact Location	of Death:					
	Hospital, Nursing F	lome, etc.		City or Town		
*Address where	e they resided at the	e time of their de	eath:			
*Spouses Name	e:					
*Parents' Name						
		will assist in fin	ding the reco	rd being requested.		
Person Reques	ting the Certificate:					
Relationship of	requester to subject	t(s) named on r	ecord:			
Return Mailing	Address:					
Signature of Re	equester:				-	
Daytime telepho	one number			Email:		
I do <b>not</b> w	ant the Certified Co	opy of this death	n certificate if	the Cause of Death is still Pending.		
				ucted an autopsy and the final resultence of a Certified Copy of a dea		

## **TAKE NOTE**

If you are sending multiple requests for birth, death, or marriage certificates please send individual requests.

One marriage certificate and two birth certificates for events after 1870 would cost: \$15 + \$12 + \$12 = \$39 total.

If we do not have the record we will call and/or return the check in the self-addressed stamped envelope that you have included with your request.